

Date: _____

Gardner Parks & Recreation
SEASONAL EMPLOYMENT APPLICATION
(Equal Opportunity Employer)

TO APPLICANT: We appreciate your interest in our organization and assure you that we are interested in your qualifications. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap.

Name _____
(Last) (First) (Middle)

Address _____
(Street Number/Names) (City) (State) (Zip)

Home Phone _____ Cell Phone _____

Email Address: _____ Are you at least 14 years of age or older? _____ Yes _____ No
Are you at least 18 years of age or older? _____ Yes _____ No

Position(s) Applying For: (circle) Pool Manager Asst. Pool Manager Lifeguard Swim Lesson Instructor Soccer Official
Pool Maintenance Swim Lesson Coordinator Facility Attendant Facility Supervisor
Pool Concession Worker Ballfield Concession Worker Umpire Park Maint. Seasonal

Date Available to Begin Work _____ Wage Desired \$ _____ Per Hour

How did you learn about this position? _____

EDUCATION: Current Grade Level: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

School	Name & Location	Did You Graduate	Course of Study/Major and Degree(s) Received
High School		___ Yes ___ No	
College/University		___ Yes ___ No	
Other Schools/Training		___ Yes ___ No	

List or describe any school courses or experience that relate to the position for which you are applying.

Are you presently employed? ___ Yes ___ No If yes, why do you wish to leave? _____

Would you object to having any of the above employers contacted in regard to your work? _____ Yes _____ No

If no, initial for approval _____. If yes, please explain. _____

Have you ever been employed by the City of Gardner? _____ Yes _____ No

If yes, for which department? _____ Position held _____

Dates employed. _____ Do you have any relatives working for the City of Gardner? _____ Yes _____ No

If yes, please list department. _____ Relationship _____

LICENSE INFORMATION:

Do you have a valid driver's license? _____Yes _____No If yes, state of issuance _____

Driver's license number _____

Have you ever been convicted of an offense other than a minor traffic violation? _____ Yes _____ No If yes, please explain. _____

EMPLOYMENT RECORD: Complete your employment record for the last 5 years.

Present or Last Employer _____ Address_____

Dates Employed _____ Job Title _____

Telephone Number _____ Reason for Leaving _____

Ending or Present Salary _____ May we contact your present employer for references? _____

Supervisor's Name_____ Briefly explain duties _____

Previous Employer _____ Address_____

Dates Employed _____ Job Title _____

Telephone Number _____ Reason for Leaving _____

Ending or Present Salary _____ May we contact your present employer for references? _____

Supervisor's Name_____ Briefly explain duties _____

Previous Employer _____ Address_____

Dates Employed _____ Job Title _____

Telephone Number _____ Reason for Leaving _____

Ending or Present Salary _____ May we contact your present employer for references? _____

Supervisor's Name_____ Briefly explain duties _____

COMMENTS: State why you believe you are qualified to perform the kind of work for which you are applying:

I hereby certify that the information given in this application is true and correct. I understand that the City may research all statements and claims made on this application and make reference checks. If research shows that false information was willingly given by me, it shall be considered sufficient cause for rejection or dismissal.

Date: _____ Signature: _____

CITY OF GARDNER
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The City of Gardner would appreciate your assistance in completing this brief questionnaire. The answers will be used solely for the purpose of evaluating and reporting the effectiveness of our recruiting and equal employment opportunity efforts. This form will be held separately from your application/resume and **will not** be used as a basis for any decisions regarding your employment.

COMPLETION OF THIS FORM IS OPTIONAL

Name: (please print) _____

Position applied for: _____ Full time _____ Part time _____ Seasonal

1. Date of Birth: _____

2. Gender:

- ☐ Male
- ☐ Female

3. Race: (Check One)

- ☐ Black
- ☐ Hispanic
- ☐ White
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaskan Native

4. Disability:

- ☐ None
- ☐ Visual
- ☐ Hearing
- ☐ Physical
- ☐ Learning
- ☐ Other

5. Are you a veteran of the U.S. Armed Forces? _____ Yes _____ No

How did you learn about this position?

☐ Newspaper

- ☐ Gardner News
- ☐ KC Star
- ☐ Lawrence Journal World
- ☐ Miami County Republic
- ☐ Olathe Daily Newspaper
- ☐ Ottawa Herald

☐ City Job Posting

☐ City Website

☐ Referral:

☐ Name: _____

☐ Relative:

☐ Name: _____/Department _____

☐ Other _____